



Hawai'i Board of Medical Examiners Newsletter

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The Chair's Message

On behalf of the Hawai'i Board of Medical Examiners, I'd like to share with you our first-ever newsletter!

The Board hopes this newsletter will serve as an educational and informational tool for our licensees.

By way of background, the Board's purpose is to "PROTECT THE GENERAL PUBLIC" from dishonest, fraudulent, unskilled, or otherwise unqualified practitioners. The "practitioners" it regulates are M.D.s, D.O.s, physician assistants, emergency medical service personnel and podiatrists.

The Board consists of eleven members – seven M.D.s, two D.O.s, and two public members, all of whom are appointed by the governor and serve without compensation. In all matters coming before the Board, every member serves the community interests first and foremost.

There are three advisory committees which have been established by Statute to serve under the Board. They are the Emergency Medical Personnel (EMP) Advisory Committee, Physician Assistant (PA) Advisory Committee, and the Podiatry Advisory Committee. The committees were established to assist the Board in its regulatory oversight of these professions.

The Board is empowered to grant or refuse to grant licenses or certificates for established cause. It does this by reviewing and acting on questionable applications. Applications which do not require the Board's discretion are processed by staff. In addition to this function, the Board promulgates rules to carry out the purpose of its statutes, provides advice on scope of practice for the aforementioned regulated professions, and disciplines its licensees with the investigatory and prosecutorial assistance of the Regulated Industries Complaints Office (RICO).

Additionally, the Board establishes practice guidelines. Recently, it has established guidelines for pain management and the appropriate use of the internet in medical practice. Please review both documents available to you in this edition of the newsletter. In establishing such guidelines, we hope to direct "best practice" opportunities that ensure excellent health care for the citizens of Hawai'i.

Mahalo,

H. Roger Netzer, M.D., Chair
Board of Medical Examiners



Meet Our Board Members



Back Row (left to right): F. Don Parsa, M.D., M. Pierre K.W. Pang, M.D., Danny M. Takanishi, M.D., Brian E. Cody, Ronald H. Kienitz, D.O.

Front Row (left to right): Ben K. Azman, M.D., H. Roger Netzer, M.D., Maria Brusca Patten, D.O., John T. McDonnell, M.D.

Not Shown: Peter A. Matsuura, M.D., Markus G. Polivka

H. Roger Netzer, M.D., Chair, Kauaʻi

Dr. Netzer was appointed to the Board in 2001.

Dr. Netzer, a Board Certified Otolaryngologist, is a graduate of the University of Michigan Medical School. He has been serving the Kauaʻi Community, as a physician, for over 30 years. Since assuming the role of Chair in July 2004, Dr. Netzer continues to do a remarkable job in streamlining matters that are brought before the Board.

Maria Brusca Patten, D.O., Vice Chair, Oʻahu

Dr. Patten was appointed to the Board in 2003.

Dr. Patten, a Board Certified Psychiatrist and specialist in osteopathic manipulation, is a graduate of the College of Osteopathic Medicine of the Pacific (COMP). She is currently a psychiatrist in the Department of Neurosciences with Kaiser Permanente Hawaiʻi. Dr. Patten assumed her role as Vice-Chair at the Board's July 2006 meeting.

Ben K. Azman, M.D., Member, Maui

Dr. Azman was appointed to the Board in 2006. He had previously served on the Board from 1982 – 1984.

Dr. Azman is a graduate of the University Of Alberta Faculty of Medicine. He has been serving the Maui Community, as a physician, for the last 35 years.

Brian E. Cody, Public Member, Oʻahu

Mr. Cody was appointed to the Board in 2005.

Mr. Cody is the Vice President of Health Plan Administration with the Kaiser Foundation Health Plan. He is a graduate of the University of Colorado (B.A.) and the University of Hawaiʻi at Manoa (B.S. and M.B.A.). Mr. Cody has had previous administrative experience in laboratory, radiology and pharmacy areas, as well as hospital administration.

Ronald Kienitz, D.O., Member, Oʻahu

Dr. Kienitz was appointed to the Board in 2003.

Dr. Kienitz, is Board Certified in Occupational Medicine. He is a graduate of Michigan State University College of Osteopathic Medicine. He is currently the Medical Director of the Concentra Medical Centers in Honolulu.

Peter A. Matsuura, M.D., Member, Hawaiʻi (Big Island)

Dr. Matsuura was appointed to the Board in 2003.

Dr. Matsuura, a Board Certified Orthopedic Surgeon, is a graduate of the University of California at Irvine, California College of Medicine. He has been serving the Island of Hawaiʻi as an orthopedic surgeon

for the last 10 years. Additionally, Dr. Matsuura serves with the United States Army National Guard and is currently deployed to Baghdad, Iraq.

John T. McDonnell, M.D., Member, Oʻahu

Dr. McDonnell was appointed to the Board in 2003.

Dr. McDonnell, a Board Certified Pediatrician and Allergist and Immunologist, is a graduate of the New Jersey College of Medicine and Dentistry. He has been in private practice for the past twenty-five years. Dr. McDonnell is very active within the medical community and is affiliated with several medical societies.

M. Pierre K.W. Pang, M.D., Member, Oʻahu

Dr. Pang was appointed to the Board in 2004.

Dr. Pang, a graduate of Tulane University School of Medicine, specializes in ophthalmology. Dr. Pang is a very active member of several associations.

F. Don Parsa, M.D., Member, Oʻahu

Dr. Parsa was appointed to the Board in 2004.

Dr. Parsa, a Board Certified Plastic Surgeon, is a graduate of Lausanne Medical School. His present positions are Professor of Surgery and Chief of the Division of Plastic Surgery, University of Hawaiʻi, John A. Burns School of Medicine, and Chief of Plastic Surgery Division, The Queen's Medical Center. Dr. Parsa also has an active private practice in plastic surgery.

Markus G. Polivka, Member, Oʻahu

Mr. Polivka was appointed to the Board in 2002.

Mr. Polivka is the President of Monarch Insurances Services, Inc. He is a graduate of the University of Nebraska. Mr. Polivka brings over twenty years of business experience and realistic understanding of the medical profession to the Board. He also is an active member in the community.

Danny M. Takanishi, Jr., M.D., Member, Oʻahu

Dr. Takanishi was appointed to the Board in 2006.

Dr. Takanishi is Board Certified in General Surgery and Surgical Critical Care. He is a graduate of the University of Hawaiʻi John A. Burns School of Medicine. He is currently an Associate Professor and Chairman of Surgery for the University of Hawaiʻi, and the Program Director for the University of Hawaiʻi's Surgical Residency Program.

The Appropriate Use of the Internet in Medical Practice

Section I: Introduction

The Board of Medical Examiners ("Board") recognizes that the Internet has had a profound impact on the practice of medicine and offers opportunities for improving the delivery and accessibility of health care. However, patient safety concerns, especially as related to providing medical services via the Internet, including prescribing and dispensing medications, have created complex regulatory challenges.

It is the expectation of the Board, through these guidelines, that physicians who provide medical care, electronically or otherwise, maintain a high degree of professionalism and should:

- Place the welfare of the patient first;
- Establish an appropriate doctor-patient relationship;
- Adhere to recognized standards of practice;
- Properly supervise physician extenders; and
- Protect patient confidentiality.

Accordingly, these guidelines have been established to clarify the Board's position on the appropriate use of the Internet in medical practice.

Section II: Guidelines for the Appropriate Use of the Internet in Medical Practice

Evaluation of the Patient – A documented patient evaluation, including a traditional (face-to-face) history and physical evaluation adequate to establish diagnoses.

Treatment – Treatment, including issuing a prescription, based solely on an online questionnaire or consultation does not constitute an acceptable standard of practice. Treatment and consultation, recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in traditional (face-to-face) settings.

Electronic Communications – Written policies and procedures should be maintained for the use of patient-physician electronic mail. Such policies and procedures should address: (1) privacy, (2) health-care personnel (in addition to the physician addressee) who will process messages, (3) hours of operation, (4) types of transactions that will be permitted electronically, (5) required patient information to be included in the communication, such as patient name, identification number and type of transaction, (6) archival and retrieval, and (7) quality oversight mechanisms. Sufficient security measures must be in place and documented to assure confidentiality and integrity of patient-identifiable information.

Informed Consent – A written agreement should be employed documenting patient informed consent for the use of patient-physician e-mail. The agreement should be discussed with and signed by the patient and included in the medical record. The agreement may include the following terms:

- Types of transmissions that will be permitted (prescription refills, appointment, scheduling, patient education, etc.);
- Security measures, such as encrypting data, password protected screen savers and data files; and
- Requirement for express patient consent to forward patient-identifiable information to a third party.

Medical Records – The medical record should include copies of all patient-related electronic communications, including patient-physician e-mail, prescriptions, laboratory and test results, evaluations and consultations, records of past care and instructions. Patient medical records should remain current and accessible for review.

Compliance with State and Federal Laws and Web Standards – Physicians should meet or exceed applicable federal and state legal requirements of medical/health information privacy. Physicians who treat or prescribe through Internet Web sites are practicing medicine and must possess appropriate licensure in all jurisdictions where patients reside.

Disclosure – Physician medical practice sites should clearly disclose:

- Owner of the site;
- Specific services provided;
- Office address(es) and contact information;
- Licensure and qualifications of physician(s) and associated health care providers;
- Fees for online consultation and services and how payment is to be made;
- Appropriate uses and limitations of the site, including providing health advice and emergency health situations;
- Uses and response times for e-mails, electronic messages and other communications transmitted via the site;
- To whom patient health information may be disclosed and for what purpose; and
- Rights of patients with respect to patient health information.

Accountability – Medical practice sites should provide patients a clear mechanism to:

- Access, supplement and amend patient-provided personal health information;
- Provide feedback regarding the site and the quality of information and services; and
- Register complaints, including information regarding filing a complaint with the Board and the Regulated Industries Complaints Office.

Links/Promotion of Products/Advertising – Physician Web sites may provide links to general health information sites to enhance patient education; however, the physician should not benefit financially from providing such links.

Board Staff

Constance I. Cabral *Executive Officer*
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Shari J. Wong *Deputy Attorney General*
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Board Information

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Pain Management Guidelines

Section I: Introduction

The Board of Medical Examiners (“Board”) recognizes that principles of quality medical practice dictate that the people of the State of Hawai‘i have access to appropriate and effective pain relief. The Board affirms that controlled substances may be necessary to relieve pain, and the medical use of opioids, nonopioid and adjuvant analgesics are recognized to be part of legitimate medical practice.

The Board considers the use of controlled substances for pain to be for a legitimate medical purpose if based on sound clinical judgment. To be within the usual course of professional practice, a physician-patient relationship must exist and the prescribing should be based on a diagnosis and documentation of unrelieved pain.

The Board encourages physicians to view pain management as a part of quality medical practice for all patients with pain, acute or chronic, and it is especially urgent for patients who experience pain as a result of terminal illness. The Board believes that all physicians who treat patients directly should have sufficient knowledge about pain and its management to provide comfort for those in pain, or utilize consultations when necessary to obtain additional information to make treatment decisions for their patients. Accordingly, this policy has been developed to clarify the Board’s position on pain management, particularly as it relates to the use of controlled substances.

The Board is also obligated under the laws of the State of Hawai‘i to protect the public’s health and safety. The Board recognizes that the use of opioid analgesics for other than legitimate medical purposes poses a threat to the individual and society and that the inappropriate prescribing of controlled substances, including opioid analgesics, may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use. Accordingly, the Board expects that physicians incorporate safeguards into their practices to minimize the potential for the abuse and diversion of controlled substances. **Therefore, the Board considers it unacceptable to prescribe these same drugs to immediate family members or close friends except in very unusual or emergency situations.** The Board will consider the inappropriate treatment of pain to be a departure from acceptable standards of practice and therefore shall investigate such deviations. The Board recognizes that some types of pain cannot be completely relieved, and takes into account whether the treatment is appropriate to the diagnosis or type of pain.

Section II: Evaluation of Physician’s Practice

The Board will judge the validity of the physician’s treatment of the patient based on available documentation, rather than solely on the quantity and duration of medication administered. The goal is to control the patient’s pain while effectively addressing other aspects of the patient’s functioning, including physical, psychological, social and work-related factors.

Allegations of inappropriate pain management will be evaluated on a case-by-case basis. Deviation from this policy may be acceptable when contemporaneous medical records document reasonable cause for deviation.

In determining whether the physician has acted appropriately, the Board will consider such factors as the clinical outcome, whether drugs used are appropriate for the type of pain, and whether there is improvement in patient functioning and/or quality of life.

Section III: Practice Guidelines for Chronic Pain

Management Evaluation of the Patient – A medical history and physical examination should be performed and documented in the medical record. The medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse or other compulsive behaviors.

Treatment Plan – The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations, consultations or other treatments are planned. The treatment plan should be adjusted and documented according to each patient’s specific needs.

Informed Consent and Agreement for Treatment – The physician should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient or with the patient’s surrogate or guardian. The patient’s pain medication should be managed by one physician and one pharmacy whenever possible. If the patient is at high risk for medication abuse or has a history of substance abuse, the physician should have written treatment agreements outlining the patient’s responsibilities during treatment and should obtain informed consent before prescriptions are provided.

The treatment agreements shall include most of the following items:

- Urine or blood samples will be provided by patients upon request. This will be done to deter medication abuse and/or to determine medication levels by their physicians;
- The number and frequency of all prescription refills may be limited at the physician’s discretion;
- Therapy with controlled substances may be discontinued by treating physician under certain situations (e.g. significant violation of treatment agreements by patients);
- Physician/patient relationships may be discontinued under certain situations (e.g. violation of treatment agreements by patients);
- Medication refills will be provided under specified rules, within mutually agreed upon time-frames (e.g. early refills may not be allowed, lost medications may not be replaced, refills may only occur during regular business hours, etc.);
- All therapies may be provided on a time-limited basis to determine potential effectiveness, and may be discontinued if judged ineffective or unacceptably toxic;
- Referral of patients to substance abuse treatment programs will occur when use of controlled substances is determined to be due to underlying addiction and not pain.

Periodic Review – The physician should periodically review the course of pain treatment and any new information about the etiology of the pain or the patient’s state of health. Continuation or modification of controlled substances for pain management therapy depends on the physician’s evaluation of progress toward treatment objectives.

License Verification

To request a verification of your license, please submit a written request and a \$15 check payable to Commerce and Consumer Affairs. You may mail it to: DCCA, PVL, Licensing Branch – License Verification, P.O. Box 3469, Honolulu, HI 96801.

Use of consultation with pain management specialists, addiction medicine specialists, and other medical specialties is encouraged. Physicians should be willing to refer their patients as necessary for additional evaluations and therapies to achieve treatment objectives. Special attention should be given to those patients with pain who are at risk for medication misuse, abuse or diversion as well as those who do not show satisfactory response to the ongoing treatment.

Medical Records – The physician should keep accurate, current and complete medical records. Elements considered for completeness may include, but are not limited, to the following:

1. An initial medical history and physical examination;
2. Diagnostic imaging, therapeutic and laboratory results;
3. Ongoing evaluations and consultations;
4. Establishment of treatment objectives;
5. Discussion and documentation of risks, benefits and alternatives;
6. Results of treatment(s) provided (changes in pain intensity and character, interference with activities of daily living), and management of side effects;
7. Intended use of medications (information about date, name of medication, dosage, quantity prescribed with instructions);
8. Treatment instructions and agreements provided; and
9. Evidence of ongoing periodic review process with treatment modification if necessary.

Compliance With Controlled Substances Laws and Rules –

To prescribe, dispense or administer controlled substances, the physician must be licensed in the state and comply with applicable federal and state laws and rules.

Section IV: Definitions (as taken from the Federation of State Medical Boards)

For the purpose of these guidelines, the following terms are defined as follows:

Pain – An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

Acute Pain – Acute pain is the normal, predicted physiological response to a noxious chemical, thermal or mechanical stimulus and typically is associated with an invasive procedure, trauma or disease. It is generally time-limited.

Chronic Pain – Chronic pain is a state in which pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.

Addiction – Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction.

Physical Dependence – Physical dependence is a state of adaptation that is manifested by drug class-specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.

Tolerance – Tolerance is a physiological state resulting from regular use of a drug in which an increased dosage is needed to produce a specific effect, or a reduced effect is observed with a constant dose over time. Tolerance may or may not be evident during opioid treatment and does not equate with addiction.

Substance Abuse – Substance abuse is the use of any substance(s) for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.

I M P O R T A N T D A T E S

M.D.s **January 31**

Hawai'i Medical License renewal applications are due every two years on January 31 of each even-numbered year. Renewal applications are sent out in November of the odd-numbered year. If you do not receive the renewal application by the end of November, please call (808) 586-3000. Renewal fees are \$240.

D.O.s **June 30**

Hawai'i Osteopathic Physician and Surgeon License renewal applications are due every two years on June 30 of each even-numbered year. Renewal applications are sent out in April of the renewal year. If you do not receive the renewal application by the end of April, please call (808) 586-3000. Renewal fees are \$190.

EMT-Bs and EMT-Ps **January 31**

Hawai'i EMT-Bs and EMT-Ps Certificate renewal applications are renewed every two years on January 31 of each even-numbered year. Renewal applications are sent out in November of the odd-numbered year. If you do not receive the renewal application by the end of November, please call (808) 586-3000. Renewal fees are \$120.

Physician Assistants **January 31 – Please remember to submit renewal application along with NCCPA certificate and renewal fees.**

Hawai'i Physician Assistant License renewal applications are renewed every two years on January 31 of each even-numbered year. Renewal applications are sent out in November of the odd-numbered year. If you do not receive the renewal application by the end of November, please call (808) 586-3000. Renewal fees are \$130.

Podiatrists **January 31**

Hawai'i Podiatry License renewal applications are renewed every two years on January 31 of each even-numbered year. Renewal applications are sent out in November of the odd-numbered year. If you do not receive the renewal application by the end of November, please call (808) 586-3000. Renewal fees are \$170.

Board Informal Opinions

Physicians

- **5/11/2001. License Required: Exceptions.** Pursuant to §453-2(b)(2), HRS, physicians may provide medical assistance in an emergency situation such as at altitudes that may cause the development of acute mountain sickness, high altitude cerebral edema, high altitude pulmonary edema, myocardial ischemia, or a physical accident.
- **7/12/2002. Osteopathic Manipulations.** Medical doctors (MD) may perform osteopathic manipulation if properly trained.
- **12/12/2003. Physician Delegation to Ancillary Personnel.** Physicians may not delegate functions (such as the administration or dispensing of medication) to unlicensed persons if those functions require a license in the State of Hawai'i.
- **12/12/2003. Medical Directors.** Medical Directors must be licensed to practice medicine as they make decisions that impact a patient's health.
- **12/12/2003. Testimony by Out-of-State Physicians.** Out-of-State physicians testifying as expert witnesses do not need to be licensed if they are only reading the results of medical records. However, if the physician is performing any medical treatment or anything that will impact the patient, licensure is required.
- **1/9/2004. Medical Acupuncture.** It is the Attorney General's opinion that if physicians wish to practice acupuncture, they must obtain a Hawai'i acupuncture license.
- **3/12/2004. License Required: Interpretation/Preliminary Reads on Radiological Studies.** Physicians performing a preliminary read for radiological studies must be licensed in Hawai'i as a physician.

Physician Assistants

- **9/13/2002. Writing Prescriptions or Orders for Controlled Substances.** Pursuant to §85-49(8)(a), HAR, PAs may prescribe Schedules III-V in outpatient settings. These prescriptions may be taken to and filled by outpatient pharmacies.
- **6/13/2003. Electronic Transfer/Transmission.** Prescriptions written by PAs may be transferred/transmitted electronically.

Podiatrists

- **6/13/2003. Scope of Practice: Podiatry.** Podiatrists may perform procedures below the level of the ankle joint, that is, at the level of the superior surface of the talus. As such, procedures that occur at the ankle or below would be within the scope of practice of podiatry. As an example, a complete rupture of the Achilles' tendon would not be within the scope of practice of podiatry because the tendon would be retracted up into the leg. However, a laceration of the Achilles' tendon or a partial rupture could be within the scope of practice of podiatry if its repair could be handled at the level of the ankle or below.

More specifically, podiatrists may:

- Perform arthroscopy and/or open arthrotomy of the ankle joint;
- Perform malleolar osteotomy;
- Lengthen the Achilles' tendon as part of a foot surgical procedure if done at the level of the ankle or below;
- Repair an Achilles tendon rupture or laceration if the repair is contained to the level of the ankle or below; and
- Perform hind foot surgery if done at the level of the ankle or below.

2006 Board Actions

- In the Matter of the License to Practice Medicine of Albert P. Giannini, Jr., M.D., RICO Case No. MED-2001-109-L. Dr. Giannini's license to practice medicine in the State of California was disciplined by the State of California's Division of Medical Quality, Medical Board of California. RICO filed a Petition for Disciplinary Action alleging, in part, that Dr. Giannini failed to report the California disciplinary action and that he failed to disclose the California disciplinary action to the Board of Medical Examiners, and professional misconduct. On March 17, 2006, by Final Order of the Board of Medical Examiners, Dr. Giannini's license to practice medicine in the State of Hawai'i was revoked and he was ordered to pay a \$2,500.00 fine.
- In the Matter of the License to Practice Podiatric Medicine of James V. Vitale, D.P.M., RICO Case Nos. MED-1995-21-L, 1999-42-L, and 1999-46-L. RICO filed a Petition for Disciplinary Action against Dr. Vitale's license alleging, in part, professional misconduct and failure to comply with the laws and rules relating to the practice of podiatric medicine. Dr. Vitale entered into a Settlement Agreement with RICO, agreeing not to renew his license in the State of Hawai'i. In entering the Settlement Agreement, Dr. Vitale did not admit that he violated any laws. The Settlement Agreement was signed into effect by the Board of Medical Examiners on March 17, 2006.
- In the Matter of the License to Practice Medicine of Ernest Joseph Dupraw, M.D., RICO Case No. MED-2004-151-L. Dr. Dupraw's license to practice medicine in the State of California was revoked after he failed to respond to an Accusation filed by the State of California's Division of Medical Quality, Medical Board of California. A Petition was filed by RICO for Disciplinary Action alleging, in part, that Dr. Dupraw failed to report the California disciplinary action and that he failed to disclose the California disciplinary action to the Board of Medical Examiners. On July 14, 2006, by Final Order of the Board of Medical Examiners, Dr. Dupraw's license to practice medicine in the State of Hawai'i was revoked.
- In the Matter of the License to Practice Medicine of Thomas R. Yarema, M.D., RICO Case No. MED-2004-12-L. RICO filed a Petition for Disciplinary Action against Dr. Yarema alleging that he performed acupuncture on patients without being licensed to do so. Dr. Yarema entered into a Settlement Agreement with RICO. Pursuant to the terms of the settlement, Dr. Yarema agreed that he will not perform acupuncture unless he obtains the appropriate license. Dr. Yarema also paid a \$2,000.00 fine. In entering the Settlement Agreement, Dr. Yarema admitted that he performed acupuncture on patients while not being licensed to do so. The Settlement Agreement was signed into effect by the Board of Medical Examiners on July 14, 2006.

RICO's Role in the Disciplinary Process

The Regulated Industries Complaints Office ("RICO") is a division of the Department of Commerce and Consumer Affairs. In essence, RICO serves as the enforcement arm to some 48 professional boards, commissions and programs, including the Board of Medical Examiners ("BME"). In that capacity, RICO has the role of receiving, arbitrating, investigating and prosecuting complaints of licensing violations.

RICO receives medical complaints from many sources, including: the BME, entities subject to NPDB-HIPDB reporting requirements, disciplinary reports from other jurisdictions or other law enforcement agencies, adverse peer review reports, MCCP reports, insurance payout reports, complaints from patients, family members, or fellow health professionals, and self-reports. The complaints are initially screened by RICO intake staff to determine whether a licensing violation has been alleged. If so, the complaint is forwarded to RICO's field investigations branch for investigation. Among other things, RICO investigators gather documents and statements and consult with volunteer reviewers who provide opinions as to whether licensing violations have occurred. Upon the completion of the investigation, cases that warrant further prosecution are forwarded to RICO's staff attorneys for enforcement action as may be appropriate. The enforcement action may be a formal prosecution which includes an administrative hearing before a hearings officer, or RICO may present an enforcement action to the BME for consideration in the form of a proposed settlement. In either case, the BME considers the information presented to it and determines the appropriate outcome and sanctions. Sanctions may take a variety of forms, including but not limited to revocation, suspension, fine, monitoring, censure, reprimand, and probation. A licensee may appeal the BME's board's final order or decision.

Additional information about RICO, including RICO brochures, complaint forms and adverse peer review report forms, is available on RICO's website at <http://www.hawaii.gov/dcca/areas/rico>. Online access to complaints history information, business registration information, professional and vocational licensing information and general excise tax information is available at RICO's "Check Out a Business Online" page at http://www.hawaii.gov/dcca/areas/rico/business_online. Many of the BME's recent orders are referenced in the Department's monthly press releases (http://www.hawaii.gov/dcca/areas/oah/main/press_releases), or are available online at http://www.hawaii.gov/dcca/areas/oah/oah_decisions/disciplinary_cases/medical.

Reporting Disciplinary Actions

It is the responsibility of the licensee to report in writing any disciplinary decision issued against the licensee or the applicant in another jurisdiction within 30 days of the disciplinary decision. Failure to do so would be cause for taking disciplinary action against your Hawai'i license.

Podiatry Has Come A Long Way

By Gregory Morris, D.P.M., Member,
Podiatry Advisory Committee

Podiatric medicine and surgery has greatly changed over the past 20 years. Since there are less than 40 podiatrists practicing in Hawai'i and no podiatric medical schools or residency programs located here, many primary care physicians and specialists are unaware of the extent to which podiatrists treat medical conditions.

Most podiatrists obtain an undergraduate degree, attend a four-year podiatric medical school, and complete 2 – 4 years of residency training. With further experience, they may become board certified in foot surgery or reconstructive foot and ankle surgery.

Podiatrists treat a vast array of medical and surgical conditions to the foot and ankle such as dermatologic conditions and sports medicine injuries. They make custom functional foot orthotics and braces. Moreover, most podiatrists today are trained in many aspects of foot and ankle surgery, and therefore are capable of performing surgery, whether elective or due to trauma. You'll find podiatrists surgically treating bunions, hammertoe and abnormal bone growths.

Podiatrists have also contributed greatly to the diabetic community. Diabetes is at an epidemic proportion and Hawai'i has one of the highest amputation rates for diabetic patients in the country. Through education, screening and monitoring, podiatrists work with their diabetic patients and the patients' medical team to decrease the occurrence of diabetic foot ulcerations which commonly lead to amputations. Podiatry evaluation and treatment is now a mainstay in the diabetic treatment regimen.

There are podiatrists in private practice and on staff at major medical centers and hospitals. With increased community awareness of the services they provide, podiatrists have become an integral part of health care in Hawai'i.

Extending the Reach of Medical Care

By Dan Domizio, P.A., M.P.H

The physician assistant profession was conceived forty years ago at Duke University to address a shortage of primary care providers.

In an attempt to address the shortage, Dr. Eugene Stead, Duke University Chief of Medical Staff, and his colleagues developed a two-year program, creating a new cadre of clinical practitioners: the physician assistant.

Building upon the medical model, the didactic and clinical curriculum consisted of critical pieces found in medical education (pharmacology, anatomy, physiology, ob-gyn, general surgery etc.).

Recent developments include board certification by the National Commission for the Certification of Physician Assistants and medical practice in specialty areas.

Beginning with only a handful of graduates in the '60s, today there are 135 training programs and approximately 59,000 physician assistants nationwide. Under the supervision of a physician, physician assistants can be found practicing in venues such as rural and isolated clinics, physicians' offices, and medical centers. In Hawai'i, there are approximately 110 physician assistants, with the majority employed by clinics or medical centers.

Known as physician "extenders", physician assistants extend the physician's services to allow the physician to better meet the needs of patients, increase access to medical care and provide affordable services while maintaining quality of care.

Still Not Enough

By Dennis Ma'ele, EMT-P, Chair, EMP Advisory Committee
Hawai'i's paramedics and emergency medical technicians are some of the finest pre-hospital care professionals in the nation. This can be attributed to the standards that the State applies to its training program and licensing requirements.

While the community appreciates their services, it is not common knowledge that the state is in need of paramedics and emergency medical technicians. Those intimate with Hawai'i's emergency medical services (EMS) system agree that there seems to be a constant need of EMS personnel.

What are we doing to meet this need?

For one, the training institutions continue to deliver highly qualified graduates who are placed in the system and immediately employed by ambulance service providers.

For another, the Board of Medical Examiners and its Emergency Medical Personnel Advisory Committee reviewed the licensing process in order to simplify it. The result is a streamlined method that allows for efficiency without compromising public safety.

Finally, ambulance service providers such as the City and County of Honolulu EMS System, Hawai'i County Fire Department and American Medical Response have given greater consideration and effort to recruiting out-of-state personnel.

And yet these efforts are still not enough. EMS personnel, with their highly marketable skills, are being drawn to opportunities with the federal EMS system and air ambulance services. Furthermore, other professions such as nursing, fire fighting, law enforcement and medicine are becoming more appealing to them.

The question then, is not "what are we doing to meet this need," but "what more can we do?" As a community facing a shortage of EMS personnel, the question demands that we think out of the box for creative solutions.

Change of Address

It is required by law that licensees file a written notice to the licensing authority of any change of address within **30 days** of the change. To file a change of address, you will need to provide us with your name, license number, and new address. You may send it to us through e-mail (medical@dcca.hawaii.gov) or mail it to: DCCA, PVL, Licensing Branch, P.O. Box 3469, Honolulu, HI 96801.

State of Hawai'i
Department of Commerce and Consumer Affairs
Professional and Vocational Licensing Division
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